

QUALITY OF LIFE ASSESSMENT RESIDENT INTERVIEW

Facility Name: _____ **Resident Name:** _____
Provider Number: _____ **Resident Identifier:** _____
Surveyor Name: _____ **Interview Dates/Times:** _____
Surveyor Number: _____ **Discipline:** _____

Instructions:

For question 1, if you are meeting with the resident in a location away from the resident's room, visit the room before the interview and note anything about the room that you want to discuss. For question 7, review the RAI to determine the ADL capabilities of this resident.

Introduce yourself and explain the survey process and the purpose of the interview using the following concepts. It is not necessary to use the exact wording.

“[Name of facility] is inspected by a team from the [Name of State Survey Agency] periodically to assure that all residents receive good care. While we are here, we make a lot of observations, review the nursing home's records, and talk to residents to help us understand what it's like to live in this nursing home. We appreciate your taking the time to talk to us.”

“We ask certain questions because we want to know whether you have a say in decisions affecting your nursing and medical care, your schedule and the services you receive at this facility. We want to know how you feel about your life here and whether the facility has made efforts to accommodate your preferences.”

“If it is all right with you, I'd like to meet with you again later. That will give you time to think things over and to provide additional information later.”

In asking the following questions, it is not necessary to use the exact wording. However, do use complete questions, not one-word probes.

Get the resident to talk about actual situations and examples by using open-ended probes, such as: “Can you tell me more about that?” or “How is that done here?” Avoid asking leading questions which suggest a certain response.

If a resident gives a response to any question that indicates there may be a concern with facility services, probe to determine if the resident has communicated the problem to facility staff and what their response was.

1. *ROOM:* (F177, 201, 207, 242, 250, 252, 256, 257)

A good approach for initiating this discussion is to make a comment about something you have noticed about the resident's room, for example, “I notice that you have a lot of plants in your room.”

Please tell me about your room and how you feel about it.

Do you enjoy spending time in your room?

Is there enough light for you?

Is the room temperature comfortable?

Have you lived in a different room in the facility?

(If yes) What was the reason for the room change?

Did you have a choice about changing rooms?

Where was your other room? What was it like?

Is there anything you would like to change about your room?

(If yes) Have you talked to the facility about this?

How did they respond?

RESIDENT INTERVIEW

2. ENVIRONMENT: (F252, 258)

I realize that being in a nursing home is not like being in your own home, but do staff here try to make this facility seem homelike?

We've already talked about your room. How about other places you use, like the activities room and dining room? Do they seem homelike to you?

Is there anything that would make this facility more comfortable for you?

Is it generally quiet or noisy here?

What about at night?

Is the facility usually clean and free of bad smells?

3. PRIVACY: (F164, 174)

Are you a person who likes to have privacy sometimes?

Are you able to have privacy when you want it?

Do staff and other residents respect your privacy?

Do you have a private place to meet with visitors?

(If no phone in the room) Where do you make phone calls?

Do you have privacy when you are on the phone?

(If the resident indicates any problems with privacy, probe for specific examples. Ask if they talked to staff and what was their response.)

4. FOOD: (F365)

Tell me about the food here.

Do you have any restrictions on your diet?

How does your food taste?

Are you served foods that you like to eat?

Are your hot and cold foods served at a temperature you like?

Have you ever refused to eat something served to you?

(If yes) Did the facility offer you something else to eat?

(If the resident refused a food and did not get a substitute) Did you ask for another food? What was the facility's response?

5. ACTIVITIES: (F242, 248)

How do you find out about the activities that are going on?

Are there activities available on the weekends?

Do you participate in activities?

(If yes) What kinds of activities do you participate in?

(If resident participates) Do you enjoy these activities?

(If resident does not participate, probe to find out why not.)

Is there some activity that you would like to do that is not available here?

(If yes) Which activity would you like to attend?

Have you talked to anybody about this? What was the response?

RESIDENT INTERVIEW

6. STAFF: (F223, 241)

Tell me how you feel about the staff members at this facility. Do they treat you with respect?

Do you feel they know something about you as a person?

Are they usually willing to take the time to listen when you want to talk about something personal or a problem you are having?

Do they make efforts to resolve your problems?

Has any resident or staff member ever physically harmed you?

Has any resident or staff member ever taken anything belonging to you without permission?

(If yes) **Can you tell me who did this?**

Has a staff member ever yelled or sworn at you?

(If yes) **Please describe what happened.**

Can you tell me who did this? Did you report this to someone?

(If yes) **How did they respond?**

7. ADLs : (F216, 311, 312)

(Tailor this question to what you have observed and what is noted in the MDS about ADL capabilities of this resident.) For example: **"I see that your care plan calls for you to dress with a little help from staff. "**
How is that working for you?

Do you feel that you get help when you need it?

Do staff encourage you to do as much as you can for yourself?

8. DECISIONS: (F154, 242, 280)

Here at this facility, are you involved in making choices about your daily activities?

Are you involved in making decisions about your nursing care and medical treatment?

(If not, probe to determine what these choices and decisions are, and relate this information to necessary restrictions that are part of the resident's plan of care.)

Do you participate in meetings where staff plan your activities and daily medical and nursing care?

If you are unhappy with something, or if you want to change something about your care or your daily schedule, how do you let the facility know?

Do you feel the staff members listen to your requests and respond appropriately?

If the staff are unable to accommodate one of your requests, do they provide a reasonable explanation of why they cannot honor the request?

Can you choose how you spend the day?

Have you ever refused care or treatment (such as a bath or certain medication)?

(If yes) **What happened then?**

RESIDENT INTERVIEW

9. MEDICAL SERVICES: (F156, 163, 164, 250, 411, 412)

Who is your physician?

Did you choose your physician yourself?

(If no, probe for details about who selected the physician and why the resident did not do it).

Are you satisfied with the care provided by your physician?

Can you see your doctor if you need to?

Do you see your physician here or at the office?

(If they say here) **Where in the facility does your doctor see you?**

Do you have privacy when you are examined by your physician?

(If they say they go to the office) **How do you get to the office?**

Do facility staff help you make doctor's appointments and help you obtain transportation?

Can you get to see a dentist, podiatrist, or other specialist if you need to?

10. (Write here any special items not already discussed that you have noted about this resident or about the facility that you would like to discuss with the resident.)

11. Is there anything else you would like to talk about regarding your life here?

Thank the resident. Review your notes from this interview and determine if there are any concerns you need to investigate further. Share any problems you have found with the team so they may keep them in mind during the remainder of the survey.

***QUALITY OF LIFE ASSESSMENT
GROUP INTERVIEW***

Facility Name: _____ **Surveyor Name:** _____
Provider Number: _____ **Surveyor Number:** _____ **Discipline:** _____
Interview Dates/Times: _____

Residents Attending: _____

Instructions:

Introduce yourself to the group and explain the survey process and the purpose of the interview using the following concepts. It is not necessary to use the exact wording.

“[Name of facility] is inspected by a team from the [Name of State Survey Agency] periodically as one part of a process in which we evaluate the quality of life and quality of care in this facility.

While we are here, we make observations, look over the facility’s records, and talk to residents about life in this facility.

We appreciate you taking the time to talk to us.

We would like to ask you several questions about life in the facility and the interactions of residents and staff.”

1. RULES: (F151, 242, 243)

Tell me about the rules in this facility.

For instance, rules about what time residents go to bed
at night and get up in the morning?

Are there any other facility rules you would like to
discuss?

Do you as a group have input into the rules of this
facility?

Does the facility listen to your suggestions?

2. PRIVACY: (F164, 174)

Can you meet privately with your visitors?

Can you make a telephone call without other people
overhearing your conversation?

Does the facility make an effort to assure that privacy
rights are respected for all residents?

GROUP INTERVIEW

3. ACTIVITIES: (F242, 248)

Activities programs are supposed to meet your interests and needs. Do you feel the activities here do that? (If no, probe for specifics.)

Do you participate in the activities here?

Do you enjoy them?

Are there enough help and supplies available so that everyone who wants to can participate?

Do you as a group have input into the selection of the activities that are offered?

How does the facility respond to your suggestions?

Is there anything about the activities program that you would like to talk about?

Outside of the formal activity programs, are there opportunities for you to socialize with other residents?

Are there places you can go when you want to be with other residents?

(If answers are negative) Why do you think that occurs?

4. PERSONAL PROPERTY: (F252)

Can residents have their own belongings here if they choose to do so?

What about their own furniture?

How are your personal belongings treated here?

Does the facility make efforts to prevent loss, theft, or destruction of personal property?

Have any of your belongings ever been missing?

(If anyone answers yes) Did you talk to a staff member about this? What was their response?

5. RIGHTS: (F151, 153, 156, 167, 168, 170, 280)

How do residents here find out about their rights — such as voting, making a living will, getting what you need here?

Are you invited to meetings in which staff plan your nursing care, medical treatment and activities?

Do you know that you can see a copy of the facility's latest survey inspection results?

Where is that report kept here?

Do you know how to contact an advocacy agency such as the ombudsman office?

Do you know you can look at your medical record?

Have any of you asked to see your record? What was the facility's response?

Has anyone from the facility staff talked to you about these things?

Tell me about the mail delivery system here.

Is mail delivery prompt? Does your mail arrive unopened daily?

6. DIGNITY: (F223, 241)

How do staff members treat the residents here, not just yourselves, but others who can't speak for themselves?

Do you feel the staff here treat residents with respect and dignity?

Do they try to accommodate residents' wishes where possible?

(If answers are negative) Please describe instances in which the facility did not treat you or another resident with dignity. Did you talk to anyone on the staff about this? How did they respond?

GROUP INTERVIEW

7. **ABUSE AND NEGLECT:** (F223)

Are you aware of any instances in which a resident was abused or neglected?

Are you aware of any instances in which a resident had property taken from them by a staff member without permission?

(If yes) Tell me about it. How did you find out about it?

Are there enough staff here to take care of everyone?

(If no) Tell me more about that.

We are willing to discuss any incidents that you know of in private if you would prefer. If so, just stop me or one of the other surveyors anytime, and we'll listen to you.

8. **COSTS:** (F156, 207)

Are residents here informed by the facility about which items and services are paid by Medicare or Medicaid and which ones you must pay for?

If there was any change in these items that you must pay for, were you informed?

Are you aware of any changes in the care any resident has received after they went from paying for their care to Medicaid paying?

(If answers suggest the possibility of Medicaid discrimination, probe for specific instances of differences in care.)

9. **BUILDING:** (F256, 257, 258, 463, 465, 483)

I'd like to ask a few questions about the building, including both your bedroom and other rooms you use such as the dining room and activities room.

Is the air temperature comfortable for you?

Is there good air circulation or does it get stuffy in these rooms?

What do you think about the noise level here? Is it generally quiet or noisy? How about at night?

Do you have the right amount of lighting in your room to read or do whatever you want to do?

How is the lighting in the dining rooms and activity rooms?

Do you ever see insects or rodents here?

(If yes) Tell me about it.

10. **FOOD:** (F364, 365, 367)

The next questions are about the food here.

Is the flavor and appearance of your food satisfactory?

Outside of the dietary restrictions some of you may have, do you receive food here that you like to eat?

If you have ever refused to eat a particular food, did the facility provide you with something else to eat?

(If no, probe for specifics.)

Is the temperature of your hot and cold foods appropriate?

Are the meats tender enough?

About what time do you receive your breakfast, lunch, and dinner?

Are the meals generally on time or late?

What are you offered for a bedtime snack?

If you ever had a concern about your food, did you tell the staff? What was their response?

GROUP INTERVIEW

11. **COUNCIL:** (F243)

(If you are speaking with a resident council)

Does the facility help you with arrangements for council meetings?

Do they make sure you have space to meet?

Can you have meetings without any staff present if you wish?

How does the council communicate its concerns to the facility?

How does the administrator respond to the council's concerns?

If the facility cannot accommodate a council request, do they give you a reasonable explanation?

12. **GRIEVANCES:** (F165, 166)

Have any of you or the group as a whole ever voiced a grievance to the facility?

How did staff react to this?

Did they resolve the problem?

Do you feel free to make complaints to staff?

If not, why not (probe for specific examples)?

13. Identify here any issues you would like to discuss with the group that have not been covered in the questions above.

14. **Is there anything else about life here in the facility that you would like to discuss?**

Thank the group for their time. After the interview, follow up on any concerns that need further investigation. Document your follow up on Resident Review or Surveyor Notes Worksheets. Share these concerns with the team.

***QUALITY OF LIFE ASSESSMENT
FAMILY INTERVIEW***

Facility Name: _____
Provider Number: _____
Surveyor Name: _____
Surveyor Number: _____ Discipline: _____
Method of Contact: In person ☐ Phone ☐

Resident Name: _____
Resident Identifier: _____
Person Interviewed: _____
Relationship to Resident: _____
Interview Dates/Times: _____

Instructions:

This interview is intended to be conducted with a person (family, friend or guardian) who is the one acting on behalf of the resident and authorizing care. Prior to the interview, complete as many questions as you can through review of the resident assessment, care plan and any activities or social service assessment.

Adapt these questions and probes as necessary to make them applicable to this resident.

Introduce yourself and explain the survey process and the purpose of the interview using the following concepts. It is not necessary to use the exact wording.

“[Name of facility] is inspected by a team from the [Name of State Survey Agency] periodically to assure that residents receive quality care. While we are here, we make observations, review the nursing home’s records, and talk to residents and family members or friends who can help us understand what it’s like to live in this nursing home. We appreciate your taking the time to talk to us.

“We ask these questions because we want to know about your opportunity for involvement in decisions about _____’s care and schedule, your views on services he/she receives here, and in general, what you think of the facility. We want to know if the facility has obtained information about _____’s past and current preferences in order to provide the highest quality of care. We also want to find out about the admission process and what the facility discussed with you about costs and payment for _____’s stay here.

Question 1 below screens the family member to see if she/he knows the resident well enough to complete the rest of the interview. Based on answers to question 1, decide whether you can complete the interview, complete it partially if the family member knows some things, or conclude the interview. If you decide you must conclude this interview, ask a general question that lets the family member say what they wish to say about the facility such as: “Is there anything you would like to tell me about this facility and how your relative is treated?”.

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- 1.** (Ask about the nature and extent of the relationship between interviewee and resident both prior to and during nursing home residence):

With whom did your relative/friend live before coming to the nursing home? (If the resident did not live with this person) **About how often did you see her/him?**

How often do the resident and you see each other now?

Are you familiar with _____’s preferences and daily routines when he/she was more independent and more able to make choices and express preferences? (If the resident has had a lifelong disability, ask about choice and preferences prior to moving to this facility. Adapt question 2 and 3 also.)

FAMILY INTERVIEW

To the extent that the interviewee is knowledgeable about the resident's past life, ask the following:

- 2. I have some questions about _____'s life-style and preferences when she/he was more independent and able to express preferences. Would you tell me about:**

**Did he/she enjoy any particular activities or hobbies?
Was she/he social or more solitary; types of social and recreational activities;**

**Eating habits, food likes and dislikes;
Sleeping habits, alertness at different times of the day;
Religious/spiritual activities;
Work, whether in or out of the home;
Things that gave him/her pleasure.**

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- 3. The next questions are about the resident's lifelong general personality. How would you describe:**

General manner; For example, was she/he thought to be quiet, happy, argumentative, etc.?

Characteristic ways of talking — was she/he talkative or usually quiet, likely to express herself/himself or not?

How she/he generally adapted to change, prior to the current disability. How, for example, did the resident react to moving to a new residence, to losing a loved one, and to other changing life situations?

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- 4. Have any of the preferences and personality characteristics that you told me about changed, either due to a change in her/his condition or due to relocation to this facility?**

Have her/his daily routines and activities changed in a substantial way since moving here?

(If yes) Please describe these differences.

FAMILY INTERVIEW

5. (For all the items below: If the family member describes any problems, probe for specific information. Ask if they have talked to staff, and what was the facility's response. If the resident's payment source changed from private pay or Medicare to Medicaid, inquire if there were any changes in any of the following after the payment source changed.)

Please share with me your observations, either positive things or concerns, about all of the following items. If you have no information about these issues that is OK.

Meals and snacks (F242, 310, 365, 366, 367)

Routines and activities (F242, 245, 248)

Visitor policies and hours, privacy for visits when desired (F164, 172)

Care by nursing home staff (F241, 309-312)

Noise level of the facility (F258)

Privacy when receiving care (F164)

Transfers (F177, 201, 203-207)

Security and personal property (F159, 223, 252)

Cleanliness and odor (F252-254)

6. Did you participate in the admission process?

(If yes) **Were you told anything about using Medicare or Medicaid to pay for ____'s stay here?**

(If yes) **What did they tell you?**

(If resident's care is being paid by Medicaid) **Were you asked to pay for any extras above the Medicaid rate?**

(If yes) **What were these? Did you have a choice about receiving these services?**

When your relative/friend moved here, did the facility ask you to pay out of your savings or your relative's savings? (F156, 208)

7. Are you the person who would be notified if ____'s condition changed. (If yes) Have you been notified when there have been changes in your relative's condition? Are you involved in ____'s care planning? (F157)

8. "Is there anything else that I have not asked that is important to understand about _____'s everyday life here?"

When finished: "Thank you for your help. You will be able to examine a copy of the results of this survey in about ____ days."

***QUALITY OF LIFE ASSESSMENT
OBSERVATION OF NON-INTERVIEWABLE RESIDENT***

1. Special items to observe: _____

2. RESIDENT AND ENVIRONMENT:

Physical condition of resident (comfort, positioning, etc.) (F246)

Appearance (grooming and attire) (F241)

Physical environment (comfort, safety, privacy, infection control, stimulation, personal belongings, homelike) (F164, 246, 252, 441, 444, 459)

Level of assistance received. Note instances of too much or too little and resulting problem (e.g., violation of dignity). (F241, 309-312)

Privacy afforded when care is given (F164)

Use of restraints and/or other restrictions on behavior (F221)

Do staff intervene to assist resident if there is a problem and the resident tries to indicate this? (F312)

3. DAILY LIFE:

The agreement of the daily schedule and activities with assessed interests and functional level (Note during activities if cues/prompts and adapted equipment are provided as needed and according to care plan) (F242, 255)

Restriction of choices that the resident can make (e.g., resident reaching out for a drink or pushing away food or medication and facility response) (F155, 242)
Consistency of TV or radio being on or off with assessed interests (F242, 280)

4. INTERACTIONS WITH OTHERS:

Do staff individualize their interactions with this resident, based on her/his preferences, capabilities, and special needs? (F241, 246)

What is the resident's response to staff interactions? (smiling, attempting to communicate, distressed, anxious, etc.) (F241, 246)

Do staff try to communicate in a reassuring way? (Note staff tone of voice and use of speech.) While staff are giving care, do they include resident in conversation or do staff talk to each as if resident is not there? (F241, 223)

Evidence of a roommate problem that could be addressed by the facility (F250)

Consistency of opportunities for socializing with regard to assessed interests and functional level (Note time and situations when isolated.) (F174, 242, 248, 250)

Location of resident: segregated in some way, in a special unit, or fully integrated with other residents (Note any adverse consequences for resident.) (F223)

Use the Resident Review or Surveyor Notes Worksheet to follow-up on any concerns. Share any concerns with the team.